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ABSTRACT

This report pulls together recent research from the Centers for Disease Control, leading medical and public health journals, and firsthand observations by pediatricians across the country on the link between affordable housing and children's health and outcomes. Also included are the most recent data from the America Housing Survey, the U.S. Department of Housing and Urban Development (HUD), the National Housing Trust, the U.S. Conference of Mayors, and city and county consolidated plans on the many children growing up in housing that is substandard, unaffordable, or dangerous. Following an executive summary, the report discusses five consequences to children's health of poor housing: asthma and respiratory disease, chronic illness, injuries, lead poisoning, and homelessness. The report also describes how poor housing increases malnutrition among children and undermines their education. The report concludes with these recommendations: (1) increase Section 8 vouchers; (2) protect the existing affordable housing stock; (3) increase the low-income housing tax credit; (4) ensure affordable housing for kids with severe asthma or chronic diseases; and (5) eliminate the shelter deduction cap. (EV)

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THERE'S NO PLACE LIKE HOME

How America's Housing Crisis Threatens Our Children

by
Megan Sandel, M.D.
Joshua Sharfstein, M.D.
and
Randy Shaw, Esq.

Megan Sandel

HOUSING AMERICA

Doc4Kids Project

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How America's Housing Crisis Threatens Our Children

by
Megan Sandel, M.D.
Joshua Sharfstein, M.D.
and
Randy Shaw, Esq.

San Francisco, CA March 1999

ABOUT THE AUTHORS

Megan Sandel, M.D. is a pediatrics resident at Boston Medical Center and Children's Hospital, Boston. She is a graduate of Yale University and Dartmouth Medical School, where she was given the Merck Award for contributing to the Dartmouth medical community. Dr. Sandel co-founded the Doc4Kids Project in 1997.

Joshua Sharfstein, M.D. is a pediatrics resident at Boston Medical Center and Children's Hospital, Boston. He is a graduate of Harvard College and Harvard Medical School, where he received the Robert H. Ebert Prize in Primary Care. Dr. Sharfstein co-founded the Doc4Kids Project in 1997.

Drs. Sandel and Sharfstein are the primary authors of the portions of this report dealing with health. Dr. Seth Kaplan, Dr. Mary Pulaski, and Dr. Tracy King also contributed to the health portions of this report. The Doc4Kids Project illustrator is Dr. Jack Maypole.

The Doc4Kids Project is a collaboration of pediatric residents and faculty that began in early 1997 with the goal of studying the connection between inadequate housing and child health. The Project is sponsored by the Boston Medical Center, Department of Pediatrics. Other Doc4Kids members are Dr. Sarita Chung, Dr. Robert Nordgren, and Dr. Katie Plax. The data and estimates in *There's No Place Like Home* update prior research by the Doc4Kids Project. (The Doc4Kids Project phone number is (617) 414-2229, and the mailing address is c/o Department of Pediatrics, Boston Medical Center, 818 Harrison Avenue, Boston, MA 02118. The web site is www.bmc.org/program/doc4kids and the e-mail address is doc4kids@bu.edu.)

Randy Shaw is the Director of Housing America and the Executive Director and Supervising Attorney of the Tenderloin Housing Clinic in San Francisco. During the past two decades Mr. Shaw has assisted thousands of low-income tenants and authored several laws to preserve and improve affordable housing. Shaw has also designed and implemented programs that have provided housing for thousands of homeless single adults. He is the author of *The Activist's Handbook: A Primer for the 1990's and Beyond* (University of California Press, 1996) and *Reclaiming America: Nike, Clean Air, and the New National Activism* (University of California Press, 1999).

Housing America is a national grassroots effort committed to ensuring safe and affordable housing for all American families. Sponsored by the San Francisco-based Tenderloin Housing Clinic, Housing America works with diverse constituencies to broaden public support for ending America's housing crisis. (Housing America's main office's phone number is (415) 771-9850, and its New York-based National Field Coordinator can be reached at (718) 707-1016. The mailing address is 126 Hyde Street, San Francisco, CA 94102. The e-mail address is thc@igc.org, and the web site is www.igc.org/housingamerica.)

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ABOUT THE STORIES

All stories about children that are contained in this report, except where indicated, were submitted by pediatricians and other child health care givers around the country to the Doc4Kids Project between January 1997 and December 1998. Submissions were received by fax, U.S. mail, and at the e-mail address doc4kids@bu.edu. Stories have been edited only for clarity and brevity, and all names have been changed.

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EXECUTIVE SUMMARY

Hundreds of thousands of American children are suffering disease, serious injuries, hunger, or educational failure because they live in inadequate housing, according to this comprehensive report jointly authored by physicians at Boston Medical Center and housing experts at Housing America. The latest government data shows a dramatic decline in the availability of affordable housing, and a growing body of research draws a startling correlation between the housing crisis and children's health, nutrition, and educational success.

There's No Place Like Home: How America's Housing Crisis Threatens Our Children pulls together for the first time the most up-to-date research from the Centers for Disease Control, leading medical and public health journals, and firsthand observations by pediatricians across the country on the link between affordable housing and children's health. This study also unveils the most recent data from the America Housing Survey, the U.S. Department of Housing and Urban Development (HUD), the National Housing Trust, the U.S. Conference of Mayors, and city and county consolidated plans on the millions of children growing up in housing that is substandard, unaffordable, or dangerous. According to initial data released in March 1999 from the American Housing Survey and in February 1999 from the National Housing Trust, over 4.5 million children live in families with worst-case housing needs (paying at least 50 percent of their income for rent), while the nation's supply of affordable housing has fallen by nearly 1.5 million units over the past two years.

The Worsening Housing Crisis

Initial data released in March 1999 from the American Housing Survey found that there continue to be over 12.5 million persons living in households with worst-case housing needs. Over 4.5 million are children. The loss of nearly 1.5 million affordable housing units in the past two years has left families with fewer opportunities than ever before for obtaining the safe and affordable housing essential for their kids' future. During the past two years, each of the following housing options for low-income families has decreased:

- **Project-Based Section 8**: The project-based Section 8 program provides subsidies tied to specific privately owned properties. A study by the National Housing Trust in February 1999 found that during the past two years nearly 100,000 project-based units were lost from the nation's affordable supply. This occurred through the owners' termination of their Section 8 contracts through pre-payment of their HUD-insured mortgages or by "opting out" of their subsidy contracts when they expire. Project-based units were lost in over 45 states, particularly impacting Ohio (45 buildings lost), Texas (86), California (136), Missouri (20), Colorado (35), Washington (48), Illinois (33), Oregon (36), and Michigan (28). Rents increased an average of 50 percent for the newly unsubsidized units.

- **Unsubsidized Housing**: The number of low-income households that can obtain safe and affordable housing without rent subsidies has steadily declined for the past two decades. The number of units renting for less than $300 declined by 1.3 million from 1996 to 1998, and 900,000 rental units ceased to be affordable to low-income families from 1993 to 1995. The acute shortage of unsubsidized affordable housing has sparked rent increases of more than 50 percent on such lower-end units as efficiency apartments and 10-foot by 10-foot hotel rooms without cooking facilities or private baths.

- **Public Housing**: Under the HOPE 6 program created in 1993, HUD has approved the demolition of 80,000 public housing units. 30,000 units have already been demolished, and an additional 50,000 are in the demolition process. HOPE 6 improves the lives of families living in the rehabilitated or newly built homes, but the program replaces only 45 percent of the units it demolishes. By 2003 HUD's modernization and HOPE 6 programs will have reduced the supply of public housing by at least 55,000 units.

  For all the controversy it generates, public housing remains a critical affordable housing resource, and during the past year the wait for public housing has increased by 50 percent for the largest housing authorities. Cities with the longest waiting lists for public housing are Los Angeles (10 years), Newark (10 years), New York City (8 years), Houston (7 years), and Cleveland, Chicago, and Washington, D.C. (5 years). From 1998 to 1999, the size of public housing waiting lists has grown by 11 percent in New York City, 17 percent in San Francisco, 17 percent in Boston, and 24 percent in Los Angeles County.

- **Section 8 Vouchers**: After providing an average of 230,000 new vouchers annually from 1978 to 1984, and 126,000 from 1985 to 1995, the federal government provided *no* new Section 8 vouchers until it added 90,000 in 1998. Vouchers sharply declined when they were most needed to compensate for the loss of unsubsidized housing, project-based Section 8, and public housing units. A recent HUD sample of 18 cities found a 34 percent increase in the number of families on waiting lists for Section 8 from 1998 to 1999. Los Angeles County leads the nation with over 153,000 households waiting for Section 8, an increase of 20 percent in the past year.

The Crisis in the Heartland

In the 1990s America's housing crisis spread from rapidly gentrifying urban centers to the suburbs. It is now striking traditionally blue-collar communities like Syracuse, New York, and heartland states like Ohio, Missouri, and Colorado. Syracuse has comparatively moderate rents, a relatively high private-market vacancy rate, and an aged, deteriorating housing stock. According to the city's 1999-2000 Draft Consolidated Plan, Syracuse's lack of larger units needed by families with children has left over 8,000 families on the waiting list for affordable housing.

Children in states like Ohio and Missouri are also growing up in unsafe and unaffordable housing due to the steadily decreasing supply of low-cost units. According to February 1999 studies by the National Housing Trust, Ohio has lost 3,249 federally subsidized housing units through prepayment or opt-outs since 1997. These losses had a particular impact on Columbus, Cincinnati and Cleveland, three cities with thousands of low-income families already facing worst-case housing needs. Missouri lost 978 federally subsidized units during the period, largely in Kansas City and St. Louis. As in Ohio, the cities in Missouri losing subsidized housing opportunities are those with the largest number of families paying over 50 percent of their income for rent for housing that is often substandard.

During the past five years, Colorado has seen a dramatic escalation in rental housing costs (rents have risen five times faster than incomes) and increased child hunger and homelessness throughout this once-affordable state. Owners of thirty-five Section 8 projects covering over 3,400 units have sought to profit from rising values by prepaying or opting out since 1997. In Fort Collins, Greeley, and other communities, rents increased over 100 percent on the formerly affordable units.

When families in blue-collar cities like Syracuse and heartland states like Ohio, Missouri, and Colorado cannot obtain safe and affordable housing, it is clear that the housing crisis has permeated the American landscape.

Less Affordable Housing Means More Sick Kids

As the number of low-income families lacking safe and affordable housing increases, so does the number of kids suffering from asthma, viral infections, anemia, stunted growth, and other health problems. Based on available data, *There's No Place Like Home* calculates that:

- 21,000 children have stunted growth attributable to a lack of stable housing.
- 10,000 children between the ages of 4 and 9 are hospitalized for asthma attacks each year because of cockroach infestation at home.
- Over 120,000 kids suffer from anemia attributable to their families' inability to afford both rent and food.
- 187 children die each year in house fires attributable to faulty electrical heating and electrical equipment. Such deaths are as much as nine times more common in poor communities.
- 1,485 children seek medical attention for burns from exposed radiators at home each year.
- 2.5 million IQ points will be lost among children ages 1-5 from lead poisoning, with virtually all affected children poisoned at home.

Published research cited in the report has also found that:

- 14 million U.S. children younger than six years live in housing with lead paint, and one million suffer from lead poisoning.
- 77 percent of kids with a chronic disease require modification of their home environment for treatment. Such alterations are typically unavailable to families unable to obtain safe and affordable housing.
- A fungal toxin found in water damaged homes has been linked by the Centers for Disease Control to the death of several infants in Cleveland, OH.
- Homeless children suffer almost twice the respiratory infections, five times the diarrheal infections, seven times the iron deficiency, twice as many

hospitalizations, and significantly worse health status compared to housed children.

Even among poor children, access to housing strongly impacts kids' health. A 1998 study from Worcester, Massachusetts published in *Pediatrics* compared 293 homeless children with 223 low-income, housed children who had never been homeless. The researchers found that the homeless children suffered:

- Significantly more emergency department visits.
- Twice as many hospitalizations.
- Significantly more symptoms in the past month - including more fever, ear infections, and asthma attacks.
- Significantly worse overall health.

Child Deaths from Fire Often Due to Substandard Housing

A 1993 study in the *Annals of Emergency Medicine* on home-related fire fatalities among kids in New Mexico found that "dwellings of substandard construction directly endanger children" and concluded that "increased spending on burn unit facilities or on prehospital care is unlikely to greatly affect fire mortality rates of children." Instead, the researchers advocated that "strategies to prevent fire fatalities should address housing conditions and adult safety practices."

There's No Place Like Home estimates that 187 poor children die each year in fires attributable to electrical and heating problems at home, and 1,485 receive medical attention for burns from exposed radiators at home each year.

Cockroaches and Asthma

There is mounting evidence that cockroach exposure causes worsening of children's asthma. A 1997 study published in the *New England Journal of Medicine* found that children allergic to cockroaches who were exposed to them at home suffered:

- 3.4 times more hospitalizations than other asthma patients
- 78 percent more unscheduled visits to health care clinicians
- More days of wheezing
- More nights awake struggling to breathe
- More missed school

In another study, children living in an urban area were 4.4 times more likely to have cockroach allergen in their bedroom than children from suburban areas, and poor children were 4.2 times more likely to be exposed to cockroaches at home than the nonpoor. Another researcher found that cockroach sensitization was a significant risk factor for asthma attacks.

Children with asthma are also put at risk for more severe disease by other factors associated with inadequate housing, including dust mites found in old carpeting. The common dust mite has been implicated as a cause for the worldwide increase in this deadly disease.

As many as one in four children in poor housing have inadequate heat or malfunctioning heating systems. These factors are also identified as triggering asthma attacks.

Food Versus Rent: Rising Child Hunger in America

The millions of families forced to pay more than 50 percent of their incomes for rent often do not have money left to adequately feed their children. In cities across America, 61 percent of those seeking emergency food assistance are children and their parents. While hunger is rising in urban America, it is an increasing problems in the suburbs as well.

Second Harvest, the nation's largest hunger relief organization, compiled information obtained from a mail survey of 25,319 local charitable agencies. Data from the 11,181 respondents found that 35 percent of those served food by charitable organizations were forced to choose between buying food and paying rent; another 20 percent could not afford any permanent housing. Thirty-eight percent of Second Harvest network clients are children.

A December 1998 report by the U.S. Conference of Mayors confirms that child hunger grows as the shortage of affordable housing increases. Eighty-four percent of cities surveyed in 1998 saw an increase over the previous year in the number of families with children seeking emergency food assistance.

The causes of this increased hunger were ***low-paying jobs and high housing costs***. Several cities predicted that the continuing lack of housing assistance would increase child hunger even more in 1999.

Poor families that spend a large percentage of income for rent are at high risk of not having enough money to feed their children. In one study, *six times* as many children on waiting lists for affordable housing had stunted growth as kids whose families had already obtained such housing. Another study found that the growth of babies decreased during the cold wintertime months. Researchers attributed this to many families lacking affordable housing and being forced to spend money on heat instead of food. Children on the waiting list for affordable housing are 50 percent more likely to be iron-deficient than children of similar family income with such housing, and our report estimates that over 120,000 kids suffer from anemia attributable to their families' inability to afford both rent and food.

Lack of Affordable Housing Equals Educational Failure

Several studies have shown that when kids are forced to move from school to school because their families are unable to obtain affordable housing, educational failure results. For example:

- Students who move frequently are significantly more likely to fail a grade and to have behavioral problems.
- Mobile students are behind their more housing-stable classmates by three months of instruction at the end of fourth grade.
- Students who change schools repeatedly fall behind stable students by a full year of learning over a six year period.

Five Steps to Ensuring that Kids Can Feel Like "There's No Place Like Home"

The federal government's failure to provide affordable housing opportunities to the growing number of families unable to obtain such housing on their own has worsened children's health, caused malnutrition, and led to educational failure. America's kids deserve better. To ensure that the lack of affordable housing does not deny any child the opportunity to pursue her dreams, we urge the following:

1. Increased Section 8 Vouchers

Section 8 vouchers are rent subsidies that enable low-income families to obtain housing in the private market by typically paying 30 percent of their income for rent. The government pays the landlord the difference between the tenant's contribution and the fair-market rent for the apartment.

The Administration's fiscal year 2000 budget proposes an additional 100,000 new vouchers. These vouchers will primarily serve households with children. While the addition of the vouchers will still leave millions of families unserved (and HUD itself requests 200,000), funding this program is a necessary starting point for reaching the ultimate goal of ensuring affordable housing for all of America's children.

2. Protect the Existing Affordable Housing Stock

Providing new subsidized housing opportunities provides no net gain if an equal or greater number of units is lost. To prevent this, funds must be provided so that private owners of subsidized housing have a financial incentive to either maintain their HUD contracts or to sell to an entity that will preserve such contracts. HUD's request for $100 million to foster preservation was rejected by the Office of Management and Budget and is not included in the Administration's budget request. The $100 million should be reinstated.

In addition, Congress should pass HR 425 (Vento, D-MN and Ramstad, R-MN), which provides federal matching funds to assist states and localities seeking to preserve affordable housing at risk of conversion or deterioration. Communities wishing to preserve their affordable housing cannot do so on their own; the intergovernmental partnership embodied in HR 425 is an innovative and cost-effective strategy for maintaining America's affordable housing stock.

3. Increase the Low-Income Housing Tax Credit

The Low-Income Housing Tax Credit (LIHTC) is designed to encourage private investment in the production of affordable housing. There is bipartisan support for expanding the LIHTC. This program has resulted in the construction of desperately needed affordable housing units for families. Between 60,000 and 90,000 tax-credit units are built each year for tenants with incomes of 60 percent of the area median or less. Unfortunately, it has typically not been sufficient to assist families earning at or below the federal poverty line (about 30 percent of median income). Since this group desperately needs affordable housing, the LIHTC should be modified to target a greater scope of its benefits to low-income children.

4. Ensure Affordable Housing for Kids with Severe Asthma or Chronic Diseases

Congress should provide HUD with a $50 million reserve to be used for Section 8 certificates for families upon a finding by their kids' primary care physician that the child has an emergent medical need for safe and affordable housing.

5. Eliminate the Shelter Deduction Cap

Families that pay more than half of their income for shelter costs due to high rents or utility costs are allowed to deduct these costs in order to determine their food stamp allotment. However, the cap on this deduction, which is set at $275 ($300 in fiscal year 2001), does not fully account for the housing costs of families living in areas with exceptionally high rents. Over 880,000 families with kids do not receive the full allotment of food stamps to which they should be entitled due to the deduction cap. The cap should be lifted.

THERE'S NO PLACE LIKE HOME:
HOW AMERICA'S HOUSING CRISIS THREATENS OUR CHILDREN

PART I: INTRODUCTION

As a new century begins, over four million American children live in housing that endangers their health, academic future, and even their lives. The reason is no mystery. The past two decades have seen a precipitous decline in the number of housing units that families with children can afford.

As the supply of low-cost housing has diminished, so has the federal government's willingness to fund the subsidies necessary to bridge the difference between market rents and what low-income families can afford to pay. As recent data shows, an affordability gap that began as a product of urban gentrification has spread to the suburbs and now strikes the heartland of America.

The solution to the nation's affordable housing crisis is clear: dramatically increased federal funding to preserve and greatly expand the nation's low-cost housing stock. The private sector simply cannot provide affordable housing to millions of families with children without government subsidies. Federal assistance is essential to ensure that our nation's children have the safe and stable housing they deserve.

In 1949, a federal commission urged the national government to ensure a decent home for every American. Fifty years later, millions of children are unable to say, "There's no place like home."

The Worsening Housing Crisis

Initial data released in March 1999 from the American Housing Survey found that there continue to be over 12.5 million persons living in households with worst-case housing needs. Over 4.5 million are children.[1] The loss of nearly 1.5 million affordable housing units in the past two years has left families with fewer opportunities than ever before for obtaining the safe and affordable housing essential for their kids' future. During the past two years, each of the following housing options for low-income families has decreased:

- **The Loss of Project-Based Section 8 Housing**

The 1997 America Housing Survey released in March 1999 forecasts that our new century will begin with over 5 million households with worst-case housing needs. This includes over 2.5 million children. A major reason for the growing shortage of safe and affordable housing for America's families is the decline in the number of buildings entirely housing Section 8 tenants. In February 1999 the National Housing Trust reported that nearly 100,000 of such "project-based" federally subsidized housing units have been lost since 1997 due to two factors: the owners' prepayment of their HUD-insured mortgages or their decision to opt-out of the Section 8 program once their HUD contract expired. Project-based units were lost in over 45 states, particularly impacting Ohio (45 buildings lost), Texas (86), California (136), Missouri (20), Colorado (35), Washington (48), Illinois (33), Oregon (36), and Michigan (28). Rents increased an average of 50 percent on the newly unsubsidized housing units.[2]

The project-based Section 8 program is the best and most cost-effective strategy for integrating low-income families into working- and middle-class neighborhoods. Despite the program's success, no federal funds are currently earmarked for Section 8 preservation. Instead, the government will spend more tax dollars (over $200 million in fiscal year 2000 alone) issuing vouchers to departing Section 8 tenants than it would cost to either provide owners with financial incentives to stay in the Section 8 program or to assist nonprofit organizations in purchasing "at-risk" buildings.[3]

Representatives Bruce Vento (D-MN) and Jim Ramstad (R-MN) have developed a creative, bipartisan approach that makes the federal government a partner in maintaining project-based Section 8 housing. Their legislation, HR 425, provides financial assistance to states and localities seeking to preserve Section 8 projects at risk of being lost through prepayment or opt-out. Congress must pass this critical measure.

- **Unsubsidized Housing**

The number of low-income households who can obtain safe and affordable without rent subsidies has steadily declined for the past two decades. The number of units renting for less than $300 declined by 1.3 million from 1996 to 1998, and 900,000 rental units ceased to be affordable to low-income families from 1993 to 1995. The acute shortage of unsubsidized affordable housing has sparked rent increases of more than 50 percent on such lower-end units as efficiency apartments and 10-foot by 10-foot hotel rooms without cooking facilities or private baths.[4]

- **Public Housing**

As the number of project-based Section 8 and low-cost unsubsidized units steadily declines (a drop in the latter from 6.8 million to 5.5 million from 1996 to 1998 alone), low-income families have only two viable options for providing a safe, healthy and stable home for their kids: public housing and portable Section 8 vouchers. Over one million families are on waiting lists for such housing.[5] Public housing is often identified with rampant crime, drug dealing, and rundown living conditions in some of the larger, high-profile complexes. To address these problems, Congress funds programs to modernize, demolish, and then rebuild public housing complexes.

Under the HOPE 6 program created in 1993, HUD has approved the demolition of 80,000 public housing units. 30,000 units have already been demolished, and an additional 50,000 are in the demolition process. HOPE 6 improves the lives of families living in the rehabilitated or newly built homes, but the program replaces only 45 percent of the units it demolishes. By 2003, HUD's modernization and HOPE 6 programs will have reduced the supply of public housing by at least 55,000 units.[6]

During the past year the wait for public housing has increased by 50 percent for the largest authorities. Cities with the longest waiting lists for public housing are Los Angeles (10 years), Newark (10 years), New York City (8 years), Houston (7 years), and Cleveland, Chicago, and Washington, D.C. (5 years). The size of public housing waiting lists has grown from 1998 to 1999 by 11 percent in New York City, 17 percent in San Francisco, 17 percent in Boston, and 24 percent in Los Angeles County.[7]

- **Section 8 Vouchers**

After providing an average of 230,000 new vouchers annually from 1978 to 1984, and 126,000 from 1985 to 1995, the federal government provided no new Section 8 vouchers until it added 90,000 in 1998. Vouchers sharply declined when they were most needed to compensate for the loss of unsubsidized housing, project-based Section 8, and public housing units. HUD's sample of 18 cities found a 34 percent increase in the number of families on waiting lists for Section 8 from 1998 to 1999. In Los Angeles County over 153,000 households are waiting for Section 8, an increase of 20 percent in the past year.[8]

Unfortunately, families obtaining Section 8 vouchers face barriers in quickly securing a safe and stable home. Many landlords in tight rental markets are reluctant to rent to low-income families, while in high-rent areas the maximum rent

HUD will pay under Section 8 is less than what landlords can obtain from the private market. Many cities also have an acute shortage of the large housing units that many families need.

The difficulty in finding housing has led to the increasing concentration of families using Section 8 vouchers in very poor or less desirable neighborhoods. Nevertheless, for the vast majority of low-income families, obtaining a Section 8 voucher is their only means of obtaining a safe and stable home.

THE CRISIS IN THE HEARTLAND

Missouri[9]

St. Louis

- Nearly 30 percent of St. Louis families have "worst-case" housing needs.
  - 9,186 families pay more than 50 percent of their income for rent.
  - 17,000 families live in substandard conditions.
- 13,414 families are on the Section 8 waiting list, and 7,000 families are waiting for public housing.
- The wait for Section 8 certificates is four years long.
- 80 percent of those seeking emergency food in St. Louis are families with children.
- Since 1997 St. Louis has lost 613 federally subsidized housing units through Section 8 prepayment or opt-outs.
- 803 public housing units will be demolished within the next two years.

Kansas City

- There are 3,757 Section 8 units and 10,544 families on the Section 8 waiting list, with 50-100 new families applying each week.
- 3,557 families are on the waiting list for public housing.
- 40 percent of low-income families pay more than 50 percent of their income for rent.
- Over 25 percent of the city's housing units are substandard.
- 29 percent of households have worst-case housing needs.
- Since 1997 Kansas City has lost 379 federally subsidized housing units through prepayment or opt-outs.
- Families with children comprise 62 percent of those seeking emergency food.

Statewide

- Since 1997 Missouri has lost 978 federally subsidized housing units through Section 8 prepayment or opt-outs.
- 1,530 of 10,652 public housing units have been or are scheduled to be demolished.

Ohio[10]

Columbus

- 23,000 low-income households face worst case needs.
- Over 3,600 households are on HUD-assisted housing waiting lists.
- Since 1997 Columbus has lost 746 federally subsidized housing units through Section 8 prepayment or opt-outs.

Cincinnati

- 29 percent of households in Cincinnati have "worst case" housing needs.
- 4,000 households are on waiting lists for HUD-assisted housing.
- 40 percent of very low-income families move during a year, largely due to evictions or undesirable units.
- 80 percent of all very low-income families endure worst case housing needs.
- 18,103 families spend more than 50 percent of their income on housing.
- Since 1997 Cincinnati has lost 330 federally subsidized housing units through Section 8 prepayment or opt-outs.

Cleveland

- Almost 75 percent of low-income renters with incomes below 30 percent of area-wide median pay in excess of 30 percent of income for housing. The majority devote more than half of their income to housing.
- Estimated 10,000 homeless individuals, 20 percent are families w/ children.
- There is a five year wait for public housing, and 11,400 families are on HUD-assisted housing waiting lists.
- 75 percent of those seeking emergency food assistance are families with children.
- From 1997 to 1998, children served by hot meal programs increased by 20 percent.
- Since 1997 Cleveland has lost 1,053 federally subsidized housing units.

Statewide

- Since 1997 Ohio has lost 1,163 federally subsidized housing units through Section 8 prepayment or opt-outs.

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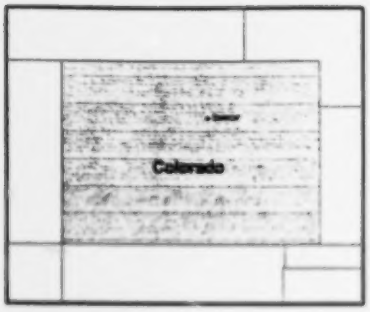
Colorado[11]



Denver

- Between 1990 and 1997 rents have increased 60 percent, and vacancies have declined from 10 percent to 3.9 percent.
- There is a 3-5 year wait for public housing.
- More than 8,841 families are on public housing waiting lists in Metro Denver.
- A June 1998 study found that there were 5,792 persons who are homeless on any given day.
- Between 1990 and 1995 the number of homeless children increased by 180 percent.
- From 1997 to 1998, family hunger has increased 10 percent.

Statewide

- Colorado's population rose 18.2 percent from 1990 to 1997, spawning rapidly rising rents, dwindling vacancies, and increasing child hunger and homelessness.
- Since 1992 rents have gone up nearly 5 times higher than incomes.
- 147,000 Coloradans pay more than 50 percent of their incomes for rent.
- 30,000 households are on waiting lists for housing statewide.
- Resort communities of Aspen and Eagle Counties have a 0.8 percent vacancy rate.
- Colorado lost 3,141 federally subsidized units due to prepayment or opt-outs, with rents on these units typically rising over 60 percent.
- Families with children comprise 45 percent of those requesting emergency food assistance.
- From 1997 to 1998, demand from families for emergency food increased 10 percent.

Table 1: Housing Cost Burdens of Poor Renters and Availability of Subsidized Housing in 45 Major Metropolitan Areas

Metropolitan Area (Year)	Paid more than 30% of income for housing		Paid more than 50% of income for housing		Received housing assistance	
	number of poor renters	percent of poor renters	number of poor renters	percent of poor renters	number of poor renters	percent of poor renters
Anaheim-Santa Ana, CA (1994)	30,000	92%	26,000	79%	6,000	18%
Atlanta, GA (1996)	40,000	82%	30,000	61%	25,000	41%
Baltimore, MD (1991)	44,000	80%	33,000	60%	23,000	40%
Birmingham, AL (1992)	19,000	65%	11,000	39%	12,000	44%
Boston, MA-NH (1993)	69,000	78%	55,000	63%	48,000	53%
Buffalo, NY (1994)	28,000	77%	24,000	65%	13,000	35%
Charlotte, NC (1995)	17,000	77%	13,000	59%	9,000	39%
Chicago, IL (1995)	154,000	84%	117,000	64%	65,000	35%
Cincinnati, OH-KY-IN (1990)	27,000	70%	19,000	48%	16,000	39%
Cleveland, OH (1996)	38,000	81%	31,000	66%	16,000	32%
Columbus, OH (1995)	22,000	73%	15,000	50%	13,000	41%
Dallas, TX (1994)	50,000	87%	40,000	69%	13,000	20%
Denver, CO (1995)	23,000	72%	17,000	53%	14,000	41%
Detroit, MI (1995)	101,000	80%	78,000	62%	48,000	36%
Ft. Worth-Arlington, TX (1994)	21,000	88%	16,000	58%	9,000	30%
Hartford, CT (1996)	16,000	76%	12,000	57%	12,000	55%
Houston, TX (1991)	71,000	82%	50,000	58%	16,000	17%
Indianapolis, IN (1996)	18,000	78%	15,000	65%	7,000	30%
Kansas City, MO-KS (1995)	24,000	77%	18,000	58%	13,000	39%
Los Angeles County, CA (1995)	342,000	90%	277,000	73%	68,000	16%
Memphis, TN-AR-MS (1996)	20,000	77%	13,000	50%	10,000	36%
Miami-Ft. Lauderdale, FL (1995)	84,000	82%	67,000	66%	41,000	37%
Milwaukee, WI (1994)	32,000	84%	23,000	62%	9,000	25%
Minneapolis-St. Paul, MN-WI (1993)	36,000	75%	27,000	56%	24,000	49%
New Orleans, LA (1995)	31,000	78%	24,000	60%	15,000	36%
New York-Nassau-Suffolk, NY (1995)	472,000	85%	382,000	69%	316,000	52%
Northern New Jersey (1995)	124,000	81%	112,000	73%	59,000	35%
Norfolk-Virginia Beach, VA (1995)	27,000	69%	20,000	51%	19,000	47%
Philadelphia, PA-NJ (1995)	106,000	85%	91,000	73%	42,000	29%
Phoenix, AZ (1994)	40,000	85%	28,000	60%	9,000	19%
Pittsburgh, PA (1995)	42,000	72%	30,000	52%	31,000	53%
Portland, OR-WA (1995)	22,000	82%	19,000	70%	8,000	28%
Providence, RI-MA (1992)	24,000	77%	18,000	58%	13,000	39%
Riverside-San Bernadino, CA (1994)	59,000	89%	48,000	73%	10,000	15%
Rochester, NY (1990)	19,000	76%	16,000	65%	12,000	45%
Sacramento, CA (1996)	24,000	92%	20,000	77%	6,000	21%
San Antonio, TX (1995)	28,000	76%	17,000	46%	17,000	46%
San Diego, CA (1994)	42,000	83%	35,000	69%	12,000	24%
San Francisco-Oakland, CA (1993)	63,000	86%	53,000	73%	20,000	26%
San Jose, CA (1993)	19,000	90%	17,000	81%	5,000	23%
Salt Lake City, UT (1992)	20,000	75%	13,000	49%	7,000	28%
Seattle-Tacoma, WA (1996)	27,000	75%	22,000	61%	18,000	44%
St. Louis, MO-IL (1996)	43,000	91%	33,000	63%	22,000	37%
Syracuse, NY (1999)*	N/A	74%	N/A	41%	10,000	27%
Tampa-St. Petersburg, FL (1993)	36,000	86%	28,000	67%	14,000	32%
Washington, DC-MD-VA (1993)	47,000	76%	40,000	55%	31,000	47%

SOURCE: U.S. Department of Housing and Urban Development, Office of Policy Development and Research. American Housing Survey - Metro Area Reports as cited in Daskal J. *In search of shelter: The growing shortage of affordable rental housing*. Washington, DC: Center on Budget and Policy Priorities. 1998:49.

*Information on Syracuse, NY is from City of Syracuse, Department of Community Development. *1999-2000 Draft Consolidated Plan*. January 25, 1999.

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Table 2: The Shortage of Affordable Housing for Low-Income Renters in 45 Major Metropolitan Areas

Metropolitan Area (Year)	Low-income renters	Low-cost rental units	Affordable housing shortage	Ratio of low-income renters to low-cost units
Anaheim-Santa Ana, CA (1994)	44,000	11,000	33,000	4.0
Atlanta, GA (1996)	97,000	49,000	48,000	2.0
Baltimore, MD (1991)	72,000	44,000	28,000	1.6
Birmingham, AL (1992)	34,000	38,000	(+4,000)	0.9
Boston, MA-NH (1993)	153,000	95,000	58,000	1.6
Buffalo, NY (1994)	58,000	32,000	26,000	1.8
Charlotte, NC (1995)	35,000	25,000	10,000	1.4
Chicago, IL (1995)	245,000	115,000	130,000	2.1
Cincinnati, OH-KY-IN (1990)	59,000	52,000	7,000	1.1
Cleveland, OH (1996)	84,000	50,000	34,000	1.7
Columbus, OH (1995)	53,000	33,000	30,000	1.6
Dallas, TX (1994)	93,000	31,000	62,000	3.0
Denver, CO (1995)	63,000	33,000	30,000	1.9
Detroit, MI (1995)	165,000	95,000	70,000	1.7
Ft. Worth-Arlington, TX (1994)	42,000	21,000	21,000	2.0
Hartford, CT (1996)	38,000	25,000	13,000	1.5
Houston, TX (1991)	115,000	112,000	3,000	1.0
Indianapolis, IN (1996)	44,000	25,000	19,000	1.8
Kansas City, MO-KS (1995)	58,000	47,000	11,000	1.2
Los Angeles County, CA (1995)	477,000	120,000	357,000	4.0
Memphis, TN-AR-MS (1996)	43,000	38,000	5,000	1.1
Miami-Ft. Lauderdale, FL (1995)	157,000	56,000	101,000	2.7
Milwaukee, WI (1994)	59,000	31,000	28,000	1.9
Minneapolis-St. Paul, MN-WI (1993)	78,000	39,000	39,000	2.0
New Orleans, LA (1995)	65,000	50,000	15,000	1.3
New York-Nassau-Suffolk, NY (1995)	741,000	324,000	417,000	2.3
Northern New Jersey (1995)	232,000	107,000	125,000	2.2
Norfolk-Virginia Beach, VA (1995)	52,000	30,000	22,000	1.7
Philadelphia, PA-NJ (1995)	187,000	85,000	102,000	2.2
Phoenix, AZ (1994)	78,000	29,000	49,000	2.7
Pittsburgh, PA (1995)	101,000	84,000	17,000	1.2
Portland, OR-WA (1995)	55,000	20,000	35,000	2.8
Providence, RI-MA (1992)	46,000	24,000	22,000	1.9
Riverside-San Bernadino, CA (1994)	87,000	28,000	59,000	3.1
Rochester, NY (1990)	38,000	16,000	22,000	2.4
Sacramento, CA (1996)	53,000	16,000	37,000	3.3
San Antonio, TX (1995)	51,000	43,000	8,000	1.2
San Diego, CA (1994)	89,000	33,000	56,000	2.7
San Francisco-Oakland, CA (1993)	132,000	47,000	85,000	2.8
San Jose, CA (1993)	31,000	9,000	22,000	3.4
Salt Lake City, UT (1992)	34,000	22,000	12,000	1.5
Seattle-Tacoma, WA (1996)	78,000	31,000	47,000	2.5
St. Louis, MO-IL (1996)	95,000	72,000	23,000	1.3
Syracuse, NY (1999)*	37,000	N/A	N/A	N/A
Tampa-St. Petersburg, FL (1993)	74,000	34,000	40,000	2.2
Washington, DC-MD-VA (1993)	97,000	55,000	42,000	1.8

SOURCE: U.S. Department of Housing and Urban Development, Office of Policy Development and Research. American Housing Survey - Metro Area Reports as cited in Daskal J. *In search of shelter: The growing shortage of affordable rental housing*. Washington, DC: Center on Budget and Policy Priorities. 1998:50.
*Information on Syracuse, NY is from City of Syracuse, Department of Community Development. *1999-2000 Draft Consolidated Plan*. January 25, 1999.

PART II: AMERICA'S HOUSING CRISIS THREATENS OUR CHILDREN'S HEALTH

Consequence #1: The Housing Crisis Worsens Asthma and Respiratory Disease

I have a 6-year-old patient who presented with severe asthma (no previous history; no previous symptoms recognized by mom) after moving into a large, multifamily dwelling. Public Health nurse described mold on walls, dripping faucets, one small window in the whole place, roach infestation; mom and 3 kids slept in one room on the floor. When I visited, I was struck by the smell of old cigarette smoke in the hallways (I could hardly breathe, and I don't have asthma.), and I was also afraid, as I was there alone and the hallways were dark. We did what we could to educate mom about asthma and started cromolyn and then inhaled steroids. However, the boy continued to have exacerbations. The nurse and I have written numerous letters to Seattle Housing Authority supporting mom's efforts for better housing given the boy's asthma; they are still at the bottom of a long list.

When 5-year-old José and his 3-year-old sister Maria suddenly developed breathing problems, their doctor was puzzled. The usual medical treatments didn't work, and the symptoms persisted even after their mother followed instructions to rid the apartment of rugs, dust, and cockroaches. The pediatrician initially disregarded the mother's frustration with her neighbor's smoking until she realized that the smoke flowed right into José and Maria's apartment through a large hole in the living room wall. The doctor feels that after nine months of this type of exposure, the children are now developing reactive airway disease (asthma) as a result.

Missy is an 11-month-old baby whose mother moved in with relatives who smoked and owned a dog, because she couldn't find housing that she could afford. Missy was already allergic by skin test to roaches, mites, dogs, and cats. Her mom is depressed that the baby's health is adversely affected by the environment she is trapped in. She has had one hospitalization, several emergency visits, and several courses of steroids. The baby and her mom share one room, the aunt and the dog another. Missy's mom has looked for other housing without success.

Lionel has accumulated 5 hospitalizations and 5 emergency room visits for asthma in the last 9 months. His roof at home leaks into the living areas. Mouse and roach infestation is a problem. Allergy testing showed he is allergic to dust mites, mice, and roaches. His mother is afraid to do more than ask the landlord for repairs, and nothing has happened in response to her requests. Since she cannot afford to move, she feels trapped.

My patient is an 8-year-old boy with severe exercise-induced asthma. He had multiple hospital admissions. He lived too far from school or the school bus stop, and the Boston Public Schools refused to send a bus all the way to his home. His health did not improve until, using housing assistance, his family was able to find an apartment closer to the school so that he only had to walk a couple of blocks each day.

Asthma on the Rise

Asthma is the most common chronic illness in childhood,[12] affecting an estimated 11 to 12 percent of black children and 8 to 9 percent of white children in inner cities.[13] This illness has increased by 29 percent in the past decade.[14]

In asthma, the airways of the lungs become irritated and swollen enough to cause difficulty breathing. An asthma attack feels like trying to catch air while breathing through a straw. If uncontrolled, asthma can progress to the point where the airways are swollen shut; indeed, asthma kills hundreds of U.S. children each year.[15]

Doctors can often treat asthma attacks with medication, but prevention requires changes at home: removing or decreasing common irritating factors including smoke, mold, dust mites, and, most recently discovered, cockroaches. Because of the national housing crisis, these simple causes of asthma attacks are increasingly difficult to control.

Costly and/or substandard housing increases rates of asthma attacks in three ways. First, when families are forced to move in together just to afford rent, the resulting overcrowding increases the number of respiratory infections and reduces air quality. Both a large family and small living space have been independently associated with more asthma.[16] Their combination can be devastating.

Second, more money spent for rent reduces available family funds for asthma treatment. Asthma often requires families to spend from 2-30 percent of their income on necessary medications,[17] an unaffordable expense for the millions of low-income families already spending more than 50 percent of their income for rent.

Third, and most importantly, substandard housing triggers asthma attacks by exposing residents to irritating factors including smoke, cockroaches, dust mites, mold, rats and mice. In allergic children, long-term exposure to these substances can be life-threatening. Lack of heat can also cause dangerous asthma flares.

Figure 1: Impact of Inadequate Housing on Child Asthma

➢	Hospitalizations per year for asthma among inner-city children ages 4-9 attributable to cockroach infestation:[18]	**9,995**

Cockroaches, Dust Mites, Inadequate Heating

Inadequate housing and overcrowding are commonly associated with infestations of cockroaches, rats and mice. Studies have estimated that almost half of poor children live in housing overrun with such pests - in comparison to only 12 percent of nonpoor children.[19]

There is mounting evidence that cockroach exposure causes worsening of children's asthma. A 1997 study published in the *New England Journal of Medicine* found that children allergic to cockroaches who were exposed to them at home suffered:[20]

- 3.4 times more hospitalizations than other asthma patients
- 78 percent more unscheduled visits to health care clinicians
- More days of wheezing
- More nights awake struggling to breathe
- More missed school

In another study, children living in an urban area were 4.4 times more likely to have cockroach allergen in their bedroom than children from suburban areas, and poor children were 4.2 times more likely to be exposed to cockroaches at home than the nonpoor.[21] Another researcher found that cockroach sensitization was a significant risk factor for asthma attacks.[22]

Children with asthma are also put at risk for more severe disease by other factors associated with inadequate housing, including dust mites found in old carpeting. The common dust mite has been implicated as a cause for the worldwide increase in this deadly disease.[23]

As many as one in four children in poor housing have inadequate hot water or insufficient heat[24] - another factor linking poor housing with asthma attacks.[25]

Respiratory Viruses and Infectious Disease

In addition to asthma, poor housing and crowding can lead to increased rates of infection with such respiratory viruses as the Respiratory Syncytial Virus. Infection with this virus can threaten the life of former premature babies[26] and may predispose other children to asthma.[27] Water damage to run-down housing also sets the stage for *stachybotroys atra*, a fungus whose toxin has been linked to fatal hemorrhage in the lungs of infants. In Cleveland, three deaths were associated with fungus infestation of rotting dry wall and ceiling tiles.[28]

For all these reasons - cockroaches, mold, dust, infections, and overcrowding - inadequate housing can literally take a child's breath away.

Consequence #2: The Housing Crisis Worsens Chronic Illness

> Martin is a 13-year-old boy with moderate cystic fibrosis, whose family had lived for the previous six weeks under the threat of eviction. During this time, Martin had been hospitalized twice and had a 10 pound weight loss. Prior to these two hospitalizations he had been admitted for cystic fibrosis treatment yearly. The patient lived with his mother and younger brother. He reported that the rent needed was too much for the family to afford, and often this left them without enough food. In addition, he knew his mother was worried about the family moving into a shelter because of Martin's underlying lung disease and fear of infection from others in the shelter. Clearly the stress of this situation affected this patient's health both in terms of his nutrition and in terms of his lung disease. At discharge the patient's family was going to court to fight the eviction but still had no way to make the rent.

> Lawton, an active, Nintendo-loving 7-year-old boy, was diagnosed by doctors at Boston Medical Center with a life-threatening cancer of the blood. His two-year treatment regimen at the Dana-Farber Cancer Institute will devastate his immune system, leading doctors to provide free dental care now just to reduce the chance of a mouth infection later. Yet doctors cannot alter one of Lawton's most dangerous risks for infection: the rodents that infest his cramped, unsubsidized apartment.

> One of my patients is a 4-year-old girl whose family was spending so much for rent that their electricity was shut off. This became a life threatening problem because she is dependent upon intravenous feedings for nutrition. I had to immediately contact the power company to insist that service return.

My patient is a 16-year-old child with Glycogen Storage Disease Type I who requires frequent small meals in order to keep his blood sugar level from becoming dangerously low. At night he gets fed a sugar solution through a feeding tube while he sleeps. One night, rats in his apartment chewed through the feeding tube to get at the sugar solution, which then poured out onto the floor. In the morning my patient was found by his mother to be lethargic, was taken to the nearest emergency room where his blood glucose was dangerously low.

Billy, a Cambodian boy with Apert's Syndrome and a tracheostomy, lives in a single room with around eight siblings. His home care nurse told me she has suctioned a cockroach out of his tracheostomy collar.

While inadequate housing threatens the health of all children, the lack of safe and stable accommodations can prove life threatening for children who suffer from a chronic disease. These kids live in a precarious balance between sickness and health under the best circumstances; society's failure to ensure that such children do not have their conditions worsened by unhealthy and unstable housing is an American tragedy.

All of the previously described consequences of poor housing even more dramatically affect children with chronic disease.

- **Respiratory disease.** In similar housing conditions, preterm infants were found to be more susceptible to the ill effects of overcrowding—such as pneumonia—than full term babies.[29]

- **Infection.** What for healthy children may be an everyday infection can threaten the life of a child with a compromised immune system.

- **Financial catastrophe.** Many parents lose income while taking care of a chronically ill child—not only because of the expense of treatment, but also in terms of work time lost. Combined with the financial stress of unsubsidized housing, this burden can prove overwhelming.

- **Lead poisoning.** Chronically ill children suffer more severe lead poisoning than otherwise healthy children.[30]

Inadequate housing also complicates medical treatment and rehabilitation for chronically ill children. In December 1994, a report for Franciscan Children's Hospital in Boston found that, of families of children with special health care needs, 77 percent reported the need for one or more home adaptions for their child. These included bathroom expansion, more space for medical equipment and ramps for use with wheelchairs. The report quoted one member of the report's advisory board as concluding, "Parents of hospitalized children struggle to come to the hospital frequently, often traveling considerable distances and sometimes under difficult circumstances, to maintain some semblance of a family relationship with their child. When the child is, at last, medically stable enough to go home, he or she may languish in the hospital simply because parents have been unable to obtain handicapped-accessible housing. This is a social tragedy and an enormous waste of resources."[31]

For many children, chronic disease is a nightmare of hospitalizations, difficult medical treatments, and intermittent schooling. When housing conditions are not adequate, this nightmare can become catastrophic.

Consequence #3: The Housing Crisis Leads to Injuries

> I care for a family in my clinic that is made up of a 1-year-old, 2-year-old, 5-year-old, and 25-year-old mother. The family lives with the mother's parents for financial reasons. I discovered on a home visit with the family that the grandfather is terminally ill and the entire first floor of the home is being used as his hospital room. The children must go through the room to reach the kitchen, small family room, and their bedroom. There are 15+ medicine bottles within reach of the two older children as well as syringes and needles. The whole family sleeps in the same room in a single bunk bed. The children have not had any ingestions, but have come to the emergency department for multiple lacerations, head trauma from falling from the bunk bed. For now, the mother has no financial way out of her living situation.

I just visited a house where three young children live. There is not adequate heating during the winter. There is only one possible fire escape exit. Further, the main window in the living room is floor high and doesn't even have a screen. It is very dangerous to children. The mother said she would talk to the landlord about changes, and we will refer her to a lawyer if there are problems.

Accidents are the leading cause of death among children 1 to 14 years of age. Though accidents associated with motor vehicles are the most common, forms of accidents that may be associated with housing (falls, burns, drowning and fires put together) are almost equal to that number. Such accidents result in over 5,000 deaths annually and over 1.4 million injuries each year.[32]

A. Burns

Donald was 5 when I met him. In the course of a routine physical exam, I found extensive, well-healed burn marks on both of his legs. "That was when we were living in the other place," said his mother. "The other place" was an unfurnished room in a dilapidated house in North Philadelphia, she explained, which she, Donald, and Donald's brother and sister shared. Once, during a visit, Donald's father was cooking on a hot plate while Donald was sleeping on the floor, and the hot plate fell on Donald's legs, who suffered third-degree burns.

As a result of Donald's hospitalization, a social worker came to the home. She concluded that it was unfit for a child to live in. The family was placed on a waiting list for Section 8 housing. After several years on the waiting list, Donald and his family have recently moved into a small row house with the help of a Section 8 subsidy. Donald's mother's face lights up with a smile when she describes the house - two bedrooms, a living room, and a little grass yard in the front. Donald's sister loves to play in the small yard, and Donald can safely walk in the neighborhood. Donald's mother, who has several medical problems, works from home making teddy bears, and spends most of her spare time fixing up the house, the first safe place she has known in many years.

> A 2-year-old boy came to my practice for a routine visit. I noted he had a healed burn on his right hand, which his mom said was due to a kerosene heater. The family could not afford oil heat.

Two leading ways that burns are associated with housing conditions is tap water temperatures and home heating burns. It has long been established that hot water heater temperature settings have been associated with increased incidence and severity of burns.[33]

Reports of home heating burns are extremely common, either from wood stoves, kerosene heaters, floor furnaces or exposed home radiators, and these burns can cause serious life–long injury. In 1993 approximately 1,800 children visited emergency rooms for burns related to non-vehicle radiators alone.[34]

In a study conducted in Chicago between 1991–1994 it was shown that a majority of radiator burns were caused by uncovered radiators in an inner–city housing development. In all buildings where the affected children lived, there were steam radiator systems, with temperatures from 180° F-230° F and in buildings where more than one burned child lived, 79 percent were missing radiator covers, insulation over radiator pipes or both. Many children slept in beds too close to radiators due to over–crowding, and one child suffered a burn while waiting for repairs in the radiator to be made.[35]

In Chicago, steam radiators are very common in older buildings, and there are no regulations requiring covering of radiators in private or public housing. For many poor parents options to move are unavailable, and their children are in danger of severe, and sometimes repeated, burns.

B. Fires

Rosa had finally gotten her children, Che, 5 and Marisita, 3 and her nephew Eddie, 2½ to sleep. With the apartment so cold and the draft windows rattling with each gust, it had taken both space heaters to warm up the small bedroom. After pulling their covers close to their chins while kissing each goodnight, she closed their door partway to block the hallway light, tidied up the living room, and went to bed.

At 1:35, Rosa's neighbor saw flames and smoke in the second floor bedroom. Waking his wife to call the fire department, he ran to the door of Rosa's building, pounding on it and yelling "Fire!" Unable to break through the locked front door, Joseph smashed the front windows with a flashlight as the first floor tenants, a young mother carrying her infant son, ran onto the porch.

At 1:41, fire engine 36 arrived and fire fighters entered the hallway and raised the ladders tot he second floor windows. Entering Rosa's apartment, they searched through the dense black smoke and located Rosa and the children unconscious on the floor just inside the bedroom. All had suffered extreme smoke inhalation; Rosa also had third degree burns on her arms.

After being rushed to a nearby trauma unit, Rosa and the three children were listed in critical condition. Che never regained consciousness and died two days later. Marisita and Eddie recovered fully and were released after six days. Rosa was transferred to a burn unit and spent 12 days in the hospital; she returned twice for skin grafts requiring eight-day stays. Rosa is also receiving counseling to help her deal with the loss of her son.

Fire investigators determined that a child's stuffed animal had fallen off the bed against the space heater. It eventually caught fire, which then spread to the bedding. Rosa had awakened to the smell and noise, pulled the children off the burning bed and been overcome by smoke. There were no smoke detectors in the apartments and the battery was missing from the hall detector.[36]

Fires are the third leading cause of death from injury among children under the age of 14, after motor vehicle accidents and drowning. About three-quarters of deaths from fires are from house fires, some 2000 deaths a year just in children 15 years and under, with the largest group of these children under the age of four. Poor families are at particular risk from fires, whether from higher- risk faulty heating systems or from the use of wood stoves or kerosene heat (when oil or gas is too expensive).[37]

A 1993 study in the *Annals of Emergency Medicine* on home-related fire fatalities among kids in New Mexico found that "dwellings of substandard construction directly endanger children" and concluded that "increased spending on burn unit facilities or on prehospital care is unlikely to greatly affect fire mortality rates of children." Instead, the researchers advocated that "strategies to prevent fire fatalities should address housing conditions and adult safety practices."[38]

C. Violence

> I recently saw a 9-year-old boy in development clinic. He had been failing school and having nightmares of the police coming to arrest his family. His mother worked two shifts a week as a nurses aide and his father worked one in maintenance, but recently lost a second job. As a result, the family had to move to a cheaper apartment in an unsafe neighborhood. His parents had refused to let him leave the apartment, and he had already witnessed violence. His younger brother reported to the staff that neither child had eaten all day.

> Ruby's mother brought her to Children's Hospital Boston this spring because she was unable to walk at almost two years of age. Doctors noticed chipped teeth and unusual bumps near her joints. After extensive evaluation, Ruby was diagnosed with severe rickets (also known as Vitamin D deficiency), a devastating and rare bone disease that is prevented by simple exposure to sunlight. However, Ruby had spent the first eight months of her life inside a homeless shelter, her mother unwilling to leave for fear of violence.

Due to the unaffordability of housing, many poor children are trapped in unsafe neighborhoods or living arrangements. In a study done in Washington, DC, 45 percent of first and second graders had witnessed a mugging, 47 percent had seen a shooting, 31 percent had seen a stabbing and 39 percent had seen a dead body.[39]

In a survey done at Boston City Hospital, 10 percent of children in the primary care clinic had witnessed a stabbing or shooting by age 6, half occurring within their own home and half on their street. In addition, 18 percent had seen kicking, shoving or punching and 47 percent had heard gunshots. Authors of the study rhetorically asked: "What does it mean for children to be denied the opportunity to explore their environment, to be unable to move with reasonable trust beyond the immediate family or to be told to get down on the floor when they hear gunshots?"[40] This exposure to violence can have long term effects, including post traumatic stress disorder, psychotic episodes, and suicidal tendencies.[41]

Figure 2: Impact of Inadequate Housing on Child Injuries

➢	Burns per year to children from exposed radiators:[42]	**1,485**
➢	Deaths of children per year due to house fires attributable to faulty electrical heating and electrical equipment.[43] Such deaths are as much as nine times more common in poor communities.[44]	**187**

Consequence #4: The Housing Crisis Increases Lead Poisoning

> I just witnessed the reunification of a young mother with her three children (ages 2, 5, and 6) in a homeless shelter. The family had previously lived together in an overcrowded apartment with other extended family members. When the three children all tested high for lead, the mother voluntarily signed the children over to the custody of the Department of Social Services so they could be placed in a lead-free home. The mother then tried and failed to find a safe and affordable apartment for her family; moving to a shelter became her only chance to live with her children in safety. She is now homeless, searching for affordable housing, with little hope for securing a unit. At least her children have their mother back.

> Mary lived in a narrow row house in west Philadelphia. Her lead level was up to about 60 mcg/dl. Multiple lead violations - the city Health Department had to abate as the landlady would not. When I visited there was falling ceiling, big holes in bathroom ceiling, hot plate and space heaters (fire hazards), little furniture, and floor in poor repair. After abatement, the landlady harassed this tenant by not providing heat, pouring water from her second-floor apartment until water leaked in the Child's apartment. The family moved out into a homeless shelter.

Lead poisoning has long been recognized as a threat to children's health, as children absorb more lead after ingestion than adults. Sudden lead poisoning can cause abdominal pain, constipation, fatigue, anemia, nerve damage, and altered brain function, which can even lead to coma and seizures.[45] Long-term exposure can harm the blood, the brain, the kidneys, and the reproductive organs.[46]

It has been estimated that even at lead levels as low as 10–20, much below levels that were previously thought to be dangerous, there is about a 2.5 point drop in IQ for each increase of 10 in blood lead level.[47] Teachers rate children with higher lead levels as having poorer speech and language processing, disordered classroom behavior, more daydreaming, and an inability to follow directions.[48] Another study found that children with increased lead levels in their teeth were seven times more likely to drop out of high school and over 5 times more likely to have a reading disability.[49]

The Housing–Lead Connection

Housing conditions are the most frequent cause of childhood lead poisoning. Most commonly, children ingest lead from lead–containing paint, mostly in older, often deteriorating housing stock.[50] Besides paint, lead in the soil and water around houses are other possible sources of exposure.[51]

According to NHANES III, a national study looking at many different aspects of Americans' health (1991–1994), lead levels are highest in children living in housing built before 1946, and higher if housing was built between 1946 and 1973 compared to after 1973. This study found that *5.9 percent of all U.S. children age 1–2 have blood lead levels greater than 10,* placing them at risk. The CDC estimated that about 1 million U.S. children between one and five years have elevated blood lead levels.[52]

Living in older housing may place children more at risk because lead is now banned from household paint, plumbing systems and food and drink cans (as well as gasoline). In a random telephone survey of children across the country, children under the age of 6 were more likely to have an elevated lead level if they lived in housing built before 1960, in a rental home, in the northeast, or with low household income.[53]

An estimated *14 million* U.S. children in the at–risk age of 0-6 years old still live in housing built before 1960 with the highest concentration of lead paint.[54] Escaping from these lead hazards without rental assistance has become increasingly difficult. Newly constructed, lead–free apartments are too expensive for low-income families, leaving many parents with no choice but to live in homeless shelters or put their children at risk for permanent brain damage.

Lead prevention efforts should focus on reducing lead contamination of housing in addition to identifying and treating children who are poisoned. As one editorial says, "Our efforts continue to be focused on screening children and controlling lead hazards after a child has been unduly exposed."[55] Primary prevention efforts should emphasize residential screening in high lead density areas while research efforts should examine the efficacy of reducing residential lead hazards for children with blood lead levels below 30 mcg/dl. Research is also needed to examine children for any neurobehavioral effects of blood lead levels below 10 mcg/dl before we declare victory in the war against lead poisoning.[56]

The CDC and NIH should initiate research and program efforts to reduce hazards associated with housing -such as lead poisoning, homelessness, asthma and injuries - especially for impoverished families.

Figure 3: Impact of Lead Poisoning on Children in the United States

➢	Total IQ points that will be lost among children ages 1-5 due to lead poisoning:[57]	**2.5 million**

Consequence #5: Homelessness Increases Health Risks

Sometime in November 1991, I was assigned the case of Edith, a Dominican woman who, at the time, was pregnant and basically living in an abandoned car. Edith gave birth to a son in 1991, and she and a friend of hers began living in an apartment on Talbot Street in Dorchester - the apartment was left to Edith's friend by a boyfriend. In May 1992 the apartment on Talbot was condemned, so Edith had nowhere to go, as she had no relatives in the Boston area. For three months Edith wandered from acquaintance to acquaintance, changing sleeping places every couple of nights. In August 1992 she received housing assistance from Boston Housing Authority. She is still living in public housing, which has been very positive for her. At present she is employed, her son successfully completed Head Start and is doing well in public school. I would like to point out that Edith, when she was homeless, suffered from severe depression, often forgetting to eat. Had she not received housing assistance as son as she did, Edith would probably have lost her child to the Department of Social Services due to the severe depression.

The most severe impact of the nation's housing crisis on children occurs when families have no home at all. While extended periods of homelessness can devastate a child's health, any length of homelessness can cause short- and long-term consequences.

A recent study from Worcester, Massachusetts published in *Pediatrics* compared 293 homeless children with 223 low-income, housed children (who had never been homeless). The researchers found the homeless children suffered:[58]

- Significantly more emergency department visits
- Twice as many hospitalizations
- Significantly more symptoms in the past month — including more fever, ear infections, and asthma attacks
- Significantly worse overall health status.

Infections

Children who are homeless are at significantly increased risk of infections compared to other children, even housed poor children.[59] In one study, homeless children had a 42 percent chance of having an upper respiratory infection over a given period of time, compared to 22 percent for the general population of children.[60] Multiple respiratory and ear infections can lead to hearing problems, language delays and even poor school performance. Other contagious infections, such as diarrhea, have been shown to be more than 5 times more frequent in children in shelters than compared to other children in the same area.[61]

Homeless children more frequently contract such serious infections as tuberculosis, a lung infection which requires months of expensive medicines and can affect the entire body if it goes untreated. In addition, children in shelters have high rates of such breathing problems as asthma.[62]

Nutrition

Homeless families often want for food. One study documented that 21 percent of children in shelters felt they did not get enough to eat in the last 4 days or more of every month because of lack of money.[63]

This lack of food can have long term effects, especially iron deficiency anemia, a disease that is associated with behavioral problems and decreased cognitive development. Homeless children are seven times more likely to be iron deficient than housed children.[64]

Psychological Issues

Perhaps the most disturbing of the effects homelessness has on children are the delays in their development, like walking, talking and playing. One study demonstrated that only 5 percent of children entering shelters had a developmental delay requiring specialist evaluation, similar to 7 percent of poor, housed children.[65] However, in another study, half of children in homeless shelters had one or more developmental delays.[66]

Similarly, 45 percent of school age children in homeless shelters were found to need special education evaluation, yet only 22 percent actually received this important testing or placement.[67] Moreover, about half of children in shelters missed one week of school in 3 months and 20 percent missed over 3 weeks in three months, significantly more than poor housed children.[68] Children who change shelters often must change schools too, disrupting continuity in learning.

The psychological health of children can also be devastated by homelessness. Half of all children in shelters show signs of anxiety and depression.[69] When compared to poor, housed children, homeless children show significant behavioral disturbances, like tantrums and aggressive behavior.[70]

Lack of Routine Health Care

Since the very word homelessness implies transience, it makes sense that many homeless children lack a regular place for health care. This has many results, the most frightening of which is lack of immunizations against such deadly diseases such as polio, whooping cough, and meningitis. Children in shelters have shown as high as a 70 percent rate of delay in immunizations in comparison to 22 percent among poor, housed children.[71]

Many homeless families are unable to visit or even identify a regular clinic. In some homeless shelters, over 44 percent of families use the ER or clinics in hospitals as their only care.[72]

PART III: AMERICA'S HOUSING CRISIS INCREASES MALNUTRITION AMONG OUR CHILDREN

Rent vs. Food

> As studies of the growing demand at soup kitchens and food pantries have piled up, excess shelter costs have turned out to be a primary explanation for the emergency food needs of low-income households.[73]

Second Harvest, the nation's largest hunger relief organization, compiled information obtained from a mail survey of 25,319 local charitable agencies. Data from the 11,181 respondents found that 35 percent of those served food by charitable organizations were forced to choose between buying food and paying rent; another 20 percent could not afford any permanent housing. Thirty-eight percent of Second Harvest network clients are children. While hunger is rising in urban America, it is an increasing problems in the suburbs as well.[74]

This link between hungry children and the lack of affordable housing was reaffirmed in a 21-city survey on hunger undertaken by the United States Conference of Mayors in 1998. The survey found that:[75]

- 96 percent of cities surveyed projected requests for emergency food to increase in 1999.

- 84 percent of cities found that the number of families with children requesting emergency food assistance increased over 1997.
- 61 percent of those requesting emergency food assistance were either children or their parents, while in St. Louis, Cleveland, Minneapolis, Charlotte, and Providence, the total was 75 percent or greater.
- In Kansas City, Missouri 53 percent of adults seeking emergency food were employed.

The most frequent causes for hunger identified by cities were low-paying jobs and high housing costs. Several cities, including Denver, Colorado; San Antonio, Texas; and both Kansas City and St. Louis, Missouri, projected that the continuing lack of housing assistance would further increase demand for emergency food in 1999.[76]

The "heat or eat" tradeoff between food and housing expenses is particularly acute during wintertime months. In a recent study, researchers at Boston City Hospital analyzed data on over 11,000 children between 6 months and 2 years of age and found that growth was decreased in the three months following the coldest months of the year. The researchers also found that "families who were without heat or were threatened with utility turnoff in the previous winter were twice as likely as other families to report that their children were hungry or at risk for hunger."[77]

Even among poor families, housing subsidies may prevent malnutrition by allowing families to spend more of their small income for food. When research compared the rate of malnutrition among poor children whose families already received subsidized housing with the rate among children of families on the waiting list, the results were dramatic: Almost *1 in 5* children on the housing waiting list had indicators of stunted growth, compared to about *1 in 30* children who lived in subsidized housing. The authors noted that "the biologic consequences of poor growth for children may include a negative influence on future school performance."[78]

Subsidized housing has also been linked to a lower rate of iron–deficiency anemia—a disorder that is associated with behavioral problems and decreased cognitive development. Children who do not receive housing assistance are 50 percent more likely to be iron deficient than children of families receiving such subsidies.[79]

Table 3: City Data on Hunger

City	Percent Increase in Demand for Emergency Food	Percent Increase in Families' Demand for Emergency Food	Percent Requesting Emergency Food Assistance as Members of Families with Children	Level of Resources	Food Assistance Facilities Provide		Are People Being Turned Away	Percent of Need Unmet
					Adequate Quantity of Food	Nutritionally Balanced Food		
Alexandria	25	30	71	Increase	Yes	Yes	No	0
Boston	21	9	64.1	Increase	No	Yes	Yes	15
Burlington	na	na	37.5	Same	No	Yes	No	0
Charleston	na	na	60	Same	Yes	Yes	No	0
Charlotte	5	5	90	Increase	Yes	Yes	No	0
Chicago	16	7	51	Increase	Yes	Yes	No	0
Cleveland	-8	0	75	Same	No	Yes	Yes	3
Denver	5	10	45	Increase	Yes	Yes	Yes	15
Detroit	26	36	68	Decrease	Yes	Yes	Yes	0
Kansas City	4.5	3	62	Same	No	No	Yes	16
Los Angeles	na	na	0		No	No	No	0
Louisville	10	10	65	Decrease	No	No	Yes	20
Miami	na	na	0		No	No	No	0
Minneapolis	na	na	85	Same	Yes	Yes	No	
Nashville	15	25	50	Decrease	Yes	Yes	Yes	25
New Orleans	na	na	0		No	No	No	0
Norfolk	15	30	25	Same	Yes	Yes	Yes	20
Philadelphia	20	11	42.5	Increase	No	Yes	Yes	15
Phoenix	20	14	70	Same	No	Yes	Yes	0
Portland	na	na	0		No	No	No	0
Providence	na	na	75	Same	No	No	No	0
Salt Lake City	33	0	50	Decrease	No	Yes	Yes	0
San Antonio	19	25	63	Increase	Yes	Yes	No	0
San Diego	5	5	80	Increase	Yes	Yes	No	0
San Francisco	na	na	0		No	No	No	0
Santa Monica	5	5	35	Increase	No	Yes	Yes	28
Seattle	0	0.54	0	Same	No	Yes	No	0
St. Louis	-0	0	80	Increase	No	Yes	Yes	47.5
St. Paul	-0.086	na	71	Same	Yes	Yes	No	0
Trenton	3	0	50	Decrease	No	No	No	0

SOURCE: U.S. Conference of Mayors. *A status report on hunger and homelessness in American cities, 1998*. Washington, DC. 1998:39.

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Figure 4: Impact of Inadequate Housing on Child Malnutrition

➢	Children ages 6 mos.-6 yrs. with iron deficiency anemia attributable to their families not receiving housing assistance:[80]	**120,202**
➢	Children ages 0-3 with stunted growth attributable to their families not receiving housing assistance:[81]	**21,392**

PART IV: AMERICA'S HOUSING CRISIS UNDERMINES OUR CHILDREN'S EDUCATION

Greg, a nine-year-old boy, has been sent to three schools in the Madison, Wisconsin area. He and his two siblings stayed in a relative's house, then lived in a one-bedroom apartment they shared with another family, and then moved to a homeless shelter. Greg is bright and talented, but he sees his stay in school as temporary and does not get involved in the class. Greg's family has no home, and he does not know where he will be living or going to school next.[82]

Student Transiency Equals Barrier to Academic Success

Strategies for improving America's public schools have focused on school accountability, smaller classes, standardized texts and curricula, and charter schools, but overlook the impact of the nation's housing crisis on our children's academic performance. Numerous studies have found that the transfer from school to school of hundreds of thousands of children whose parents cannot obtain a stable home is a major obstacle to academic success. These studies have found that:

- Students who move frequently are significantly more likely to fail a grade and to have behavioral problems.[83]

- Mobile students are behind their more housing-stable classmates by three months of instruction at the end of fourth grade.[84]
- Students who change schools repeatedly fall behind stable students by a full year of learning over a six year period.[85]

We all understand the stress and uncertainty of starting a new school. Imagine having to enter as a new student in three different schools by third grade, often joining a class midway during a semester. This start-and-stop process not only interferes with friendships, but prevents the sustained skill development critical to academic success.

In a November 1998 study published by the *American Journal of Public Health*, researchers analyzed variables having an impact on the ability of families living in shelters to obtain family housing over a five-year period. The variables included persistent poverty, behavioral disorders (including parental substance abuse), lack of social ties, and loss of affordable housing. *The study found that receipt of subsidized housing was the primary predictor of housing stability among formerly homeless families.* This strong relationship between obtaining subsidized housing and stability was essentially unaffected by individual characteristics.[86]

Educators have joined physicians in recognizing the link between student performance and stable housing. In February 1998 the National Education Association published an article in its newspaper which suggested using computer testing to place children with no academic records and creating welcoming committees for new students. The article also addressed the disappointment felt by teachers when a new arrival with whom they have made progress suddenly disappears as quickly as he or she arrived.[87]

As the number of low-income families suffering from acute housing needs has increased, so has the number of children whose academic success is hindered by housing transiency. To ensure that all American children have a fair chance to succeed in school, federal housing programs must be expanded to ensure housing stability.

PART V: RECOMMENDATIONS

The federal government's failure to provide affordable housing opportunities to the growing number of families unable to obtain such housing on their own has worsened children's health, caused malnutrition, and led to educational failure. America's kids deserve better. To ensure that the lack of affordable housing does not deny any child the opportunity to pursue their dreams, we urge the following:

1. Increased Section 8 Vouchers

Section 8 vouchers are rent subsidies that enable low-income families to obtain housing in the private market by typically paying 30 percent of their income for rent. The government pays the landlord the difference between the tenant's contribution and the fair-market rent for the apartment.

The Administration's fiscal year 2000 budget proposes an additional 100,000 new vouchers. These vouchers will primarily serve households with children. While the addition of the vouchers will still leave millions of families unserved (and HUD itself requests 200,000), funding this program is a necessary starting point for reaching the ultimate goal of ensuring affordable housing for all of America's children.

2. Protect the Existing Affordable Housing Stock

Providing new subsidized housing opportunities provides no net gain if an equal or greater number of units are lost. To prevent this, funds must be provided so that private owners of subsidized housing have a financial incentive to either maintain their HUD contracts or sell to an entity that will preserve such contracts. HUD's request for $100 million to foster preservation was rejected by the Office of Management and Budget and is not included in the Administration's budget request. The $100 million should be reinstated.

In addition, Congress should pass HR 425 (Vento, D-MN and Ramstad, R-MN), which provides federal matching funds to assist states and localities seeking to preserve affordable housing at risk of conversion or deterioration. Communities seeking to preserve their affordable housing cannot do so on their own; the intergovernmental partnership embodied in HR 425 is an innovative and cost-effective strategy for maintaining America's affordable housing stock.

3. Increase the Low-Income Housing Tax Credit

The Low-Income Housing Tax Credit (LIHTC) is designed to encourage private investment in the production of affordable housing. There is bipartisan support for expanding the LIHTC. This program has resulted in the construction of desperately needed affordable housing units for families. Between 60,000 and 90,000 tax-credit units are built each year for tenants with incomes of 60 percent of the area median or less. Unfortunately, it has typically not been sufficient to assist families earning at or below the federal poverty line (about 30 percent of median income). Since this group desperately needs affordable housing, the LIHTC should be modified to target a greater shape of its benefits to low-income children.

4. Ensure Affordable Housing for Kids with Severe Asthma or Chronic Diseases

Congress should provide HUD with a $50 million reserve to be used for Section 8 certificates for families upon a finding by their kids' primary care physician that the child has an emergent medical need for safe and affordable housing.

5. Eliminate the Shelter Deduction Cap

Families that pay more than half of their income for shelter costs due to high rents or utility costs are allowed to deduct these costs in order to determine their food stamp allotment. However, the cap on this deduction, which is set at $275 ($300 in fiscal year 2001), does not fully account for the housing costs of families living in areas with exceptionally high rents. Over 880,000 families with kids do not receive the full allotment of food stamps to which they should be entitled due to the deduction cap. The cap should be lifted.

PART VI: NOTES

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3. Ibid.

4. *1997 American Housing Survey*. See note 1.

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6. There is no conclusive data on the number of public housing units lost through modernization and HOPE 6. This uncertainty is based on different interpretations of the elimination of 86,000 units found to be "severely distressed." HUD does not typically include such units as "lost" on the grounds that they are too uninhabitable to constitute housing. Since such units were built and used as public housing, however, it could be argued that all 86,000 have been "lost." Under this reasoning the number of public housing units currently off the rental housing market would exceed 100,000. Figures on HOPE 6 came from a conversation between author Shaw and Bob Prescott, Assistant Director of HUD's Office of Urban Revitalization, on March 18, 1999.

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80. For a conservative estimate, we assume one child per family with children. Estimated from 7,050,000 low-income renter households not receiving housing subsidies [Lazere EB, Center on Budget and Policy Priorities. *In Short Supply: The Growing Affordable Housing Gap*. Washington DC, July 1995] X 50% of poor renter households with children [Leonard PA, Dolbeare CN, Lazere EB. *A Place to Call Home: The Crisis in Housing for the Poor*. Center on Budget and Policy Priorities. Washington, DC. 1992.] X 31% with child between 6 months and six years (linear assumption) X 11% excess rate of iron deficiency among children 6 months to 6 years of age in poor families not receiving housing subsidies compared to those receiving housing subsidies. [Meyers A, Rubin D, Napoleone M, Nichols K. Public housing subsidies may improve poor children's nutrition. *American Journal of Public Health* 1993; 83:115.] = 120,202 children with iron deficient anemia attributable to families not receiving housing subsidies.

81. For a conservative estimate we assume one child/family. Estimated from at least 1.4 million U.S. households on the waiting list for housing subsidies [Lazere EB. *In short supply: The growing affordable housing gap*. Center on Budget and Policy Priorities. Washington, DC: July 1995.] X 50 percent of poor renter households with children [Leonard PA, Dolbeare CN, Lazere EB. *A place to call home: The crisis in housing for the poor*. Center on Budget and Policy Priorities. Washington, DC: 1992.] X 16.7 percent with children ages 0-3 (linear assumption) X 18.3 percent excess risk of low growth among children ages 0-3 in families on waiting list for housing assistance compared to families receiving housing assistance = 21,392 children with stunted

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